

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4210

BIRTH NO. _____		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 5236		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Box Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Box Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3, ElDorado Springs				d. STREET ADDRESS (If rural, give location) Route 3, ElDorado Springs			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) FRANK		c. (Last) WHITESELL	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 8, 1879		9. AGE (In years last birthday) 71		10. MONTHS Days		11. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Whitesell		13b. MOTHER'S MAIDEN NAME Frannie Andes		14. NAME OF HUSBAND OR WIFE Anna Whitesell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Whitesell, R#3, ElDorado Springs, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo 1 yr 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-9, 1950, to 1-22, 1950, that I last saw the deceased alive on 2-21, 1950, and that death occurred at 6:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. H. Underworth D.O.				23b. ADDRESS El Dorado Spgs.		23c. DATE SIGNED 2-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Mount Vernon		24d. LOCATION (City, town, or county) (State) Vernon County Missouri	
DATE REC'D BY LOCAL REG. FEB. 24, 1950		REGISTRAR'S SIGNATURE per J. C. Krombholz, Deputy Registrar, El Dorado Spgs.		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

District File Number 1-52-129

Date Filed 2-22-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

James E. Hackleman

Licensed Embalmer No. 7373

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.